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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/872,150 06/01/2001 Amir Varshovi GTI-100XC1 8795 23557 11/26/2004 EXAMINER SALIWANCHIK LLOYD & SALIWANCHIK QAZI, SABIHA NAIM A PROFESSIONAL ASSOCIATION PO BOX 142950 ART UNIT PAPER NUMBER GAINESVILLE, FL 32614-2950 1616

DATE MAILED: 11/26/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary	Application No.		Applicant(s)		
	09/872,150		VARSHOVI, AMIR		
	Examiner		Art Unit		
	Sabiha Qazi		1616		
All participants (applicant, applicant's representative, PTO personnel):					
(1) <u>Sabiha Qazi, Ph.D.</u> .	(3)				
(2) <u>Dr. Frank C. Eisenchenk</u> .	(4)				
Date of Interview: 15 November 2004.					
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2)⊡ applicant's representative]					
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No.				
Claim(s) discussed: original claim 10.					
Identification of prior art discussed:					
Agreement with respect to the claims f)⊠ was reached. g)∐ was not reach	ed. h)∐ N	/A.		
Substance of Interview including description of the general reached, or any other comments: <u>Examiner spoke to Dr. E</u> (original claim 10). Dr. Eisenchenk agreed to make it depe	<u>senchenk about th</u>	<u>ie improper</u>	dependency og r	vas new claim 9	
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendn	xaminer agr nents that w	eed would rende ould render the c	r the claims laims	
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT Summary of Record of Interview requirements on reverse s	last Office action I THE MAILING DA OF THE SUBSTAI	has already TE OF THIS NCE OF THI	been filed, APPL S INTERVIEW SU	ICANT IS JMMARY	
Examiner Note: You must sign this form unless it is an					
Attachment to a signed Office action.	Exar	Examiner's signature, if required			

Application/Control Number: 09/872,150

Art Unit: 1616

1

EXAMINER'S AMENDMENT

An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Attorney Dr. Frank C. Eisenchenk on 11/15/04.

Please amend the claims so that new claim 9 (original claim 10) depends on new claim 1 (original claim 25).

This amendment was necessary because claim 10 was dependent on claim 1 which was canceled.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Sabiha Qazi whose telephone number is (571) 272-0622. The examiner can normally be reached on any business day.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Gary Kunz can be reached on (571) 272-0887. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

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Application/Control Number: 09/872,150

Art Unit: 1616

Page 3

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SABIHA QAZI, PH.D PRIMARY EXAMINER

Monday, November 15, 2004